

tor of the Bon Secours School of Nursing, called for a broadening of the whole program in nursing education. She suggested, as our present authors suggest, that a nucleus of biological sciences should be selected in terms of the nurse's functions, and not by borrowing a few subjects from the syllabus of medical schools. Like other speakers, she deprecated the amount of time given to didactic teaching, in particular to lectures, and advocated greater use of more active teaching methods, such as clinical instruction and ward conferences, demonstrations and nursing care studies. It was realized that broadening the curriculum would make it less specialized, but all were agreed that, like the doctor, the nurse must continue her education throughout her life and can during her years of training acquire only the basic principles of her art.

It is evident that there is a strong ferment working, not only in the field of medical education, but also in that of nursing education. It may be that in the recent years the same fault, or rather the same false orientation, has appeared in both instances. In the educational number of the *British Medical Journal* this year, a contributor mentions the case of an applicant for a residency in a hospital, who, asked about her future, said that she supposed that she would "just drift into general practice". This is a lamentable point of view, and it would be a pity if the nurse was led into the same error, namely that a "drift into nursing" is less desirable than becoming a specialist or administrator.

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## Editorial Comments

### ABUSE OF BARBITURATES

In July, the British Society for the Study of Addiction held a symposium in London on the abuse of barbiturates. During this symposium, many hard things were said against the barbiturate family and very few speakers had a good word for them. The barbiturate problem in the United Kingdom is undoubtedly now a very serious one, since they have become the commonest drug of addiction (outside tobacco and alcohol) in that country. It was emphasized by one speaker that the barbiturates were drugs of addiction in every sense of the word, although

people still did not realize that they were potentially just as habit-forming as cocaine or morphine. The hospitals of Great Britain are at present dealing with between 5,000 and 7,000 cases of acute barbiturate poisoning—often due to suicidal attempt—annually. Approximately one prescription in ten in the United Kingdom is for a barbiturate and it is thought that the proportion is much the same in North America. The annual cost in the United Kingdom of barbiturates prescribed is not far short of \$5,000,000. If they are gradually ousted by the tranquillizers, the price for national peace of mind will rise even further.

One pathologist also suggested that the use of barbiturate for homicide might be much more widespread than the average practitioner thinks. He had estimated barbiturate in the blood and urine in cases of sudden death which simulated acute coronary disease and found high contents of the drug. It is clear that in many cases barbiturates are being used as a substitute for simple psychotherapy which the doctor is either unable or unwilling to give. In other cases, the barbiturate is the sledge-hammer which is being used to crack the tiny nut of insomnia. In any case, it is doubtful whether the substitution of barbiturates for laxatives as a popular mass medication in our western society represents a change for the better.

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### DOSAGE OF RESERPINE

We reproduce below a letter which has been recently sent out by the United States Food and Drug Administration to the various pharmaceutical manufacturers in the U.S.A., requesting a reduction in dosage on the labels of preparations containing reserpine and other *Rauwolfia serpentina* alkaloids. A copy of this letter has been sent to the Department of National Health and Welfare of Canada. It is understood that the latter department does not contemplate action similar to that of the U.S. Food and Drug Administration. It is rather the feeling in Canada that this problem of overdosage of a drug is one which belongs to the physician rather than the manufacturer. Provided that the physician is made aware that such a problem of overdosage exists, and provided he watches patients carefully while they are on large doses of rauwolfia alkaloids, or for that matter any other similar drug, there is little likelihood of serious harm occurring.

All the physicians who may have to treat patients suffering from any of the conditions for which rauwolfia alkaloids are indicated